Regarding pattern of lung involvement, 9 (52.9%) pts had ILD, 6 (35.3%) isolated bronchiectasis and 2 (11.8%) follicular bronchiolitis. In ILD pts, non-specific interstitial pneumonia (NSIP) was documented in 9 pts with NSIP later developed radiographic characteristics suggestive of usual interstitial pneumonia (UIP).

Six ILD pts were treated with immunosuppressive drugs. One received cyclophosphamide (CYC), 2 azathioprine (AZA) and 4 mycophenolate mofetil (MMF). From pts receiving MMF, 1 was previously treated with CYC as induction treatment and the other with AZA, but with inefficacy. Rituximab (RTX) was given to 1 pt with refractory arthritis and new ILD onset. After 11 years on RTX (total 10 cycles) the pt complained of persistent dyspnoea and fatigue on minor exertion (cardiac causes excluded), with onset of subtle honeycombing in high resolution computed tomography. At this point rituximab was added to RTX, with clinical improvement. Detailed lung function and imaging evolution of pSS-ILD pts is shown in table 2.

Conclusion: Lung involvement occurred in 12.4% of our cohort and was associated with older disease at pSS diagnosis and presence of constitutional involvement. Small airways disease and ILD had nearly the same prevalence and in the ILD sub-group, pNSIP was the commonest pattern. Despite the small number of ILD pts receiving immunosuppression, these drugs seemed to be associated with disease stabilization in most of them. Only 1 pt with UIP pattern had disease progression and eventually died.

Disclosure of Interests: None declared

AB0504
CLINICOPATHOLOGICAL CHARACTERISTICS AS PREDICTORS OF END-STAGE RENAL DISTRESS IN PATIENTS WITH ACTIVE LUPUS NEPHRITIS FOLLOWING THE INDUCTION OF IMMUNOSUPPRESSIVE THERAPY
Faisal Eldawal, Munther Khamashma, Nasir Elsidig, Jamal Alsaleh, Dubai Hospital, Rheumatology, Dubai, United Arab Emirates

Background: Systemic lupus erythematosus is polygenic autoimmune rheumatic disease with heterogeneous manifestations. Lupus patients with nephritis signal represents management challenge. With current induction and maintenance therapy the risk of developing lupus nephritis related ESRD at five, ten and fifteen years remains 11,17 and 22% for the last decade.

Objectives: To study clinicopathological characteristics of lupus nephritis patients as well as short term renal outcome following induction of remission attempts.

Methods: Retrospective, prospective observational study. We enrolled all patients with suspected active Lupus nephritis attending Dubai Hospital Rheumatology services. Data collected during outpatient, inpatient consultation using medical electronic system for all patients newly diagnosed to the ILD sub-group, pNSIP was the commonest pattern. Despite the small number of ILD pts receiving immunosuppression, these drugs seemed to be associated with disease stabilization in most of them. Only 1 pt with UIP pattern had disease progression and eventually died.

Disclosure of Interests: None declared